Housing Authority of the City of Eau Claire 203 S. Farwell Street PO Box 1186 Eau Claire, WI 54702-1186

submitted

## Application for Housing and Rental Assistance APPLICATION TIP SHEET & Waiting List Guidelines

715.839.4943 ext. 0 715.839.8401 Anisa application questions

## GENERAL APPLICATION TIPS:

	All applications are reviewed for completeness; If your application is rejected due to being incomplete or missing pages, you will be provided an opportunity to complete your application and re-submit it until it is complete –
_	this can include a missing date(s), street number, zip code, printed name(s), unanswered questions, etc.
	Do Not Detach Any Pages; Check the Front AND the Back of ALL Pages; Print neatly and clearly; Read the
	Directions for Each Section / Page
	ALL Adults Must Sign Where Indicated – Find/Make Room for Additional Adult Signatures if needed
	Do NOT use "N/A", you may write in "NONE" – The Application will be Rejected as Everything is Applicable
	Omitting Information/Leavings Blanks/Not Answering as indicated could be considered fraud
	If you do not remember something or if you don't know something (i.e. landlord's name, zip code, etc.), write in
	"don't' remember," "don't know," or a "?" – Do NOT Leave ANYHING Blank
	If you cross off something you wrote, you must initial that change
	We will <u>not</u> hold on to an application for you to call information in to be added to it or to change it later

If you need assistance in filling out the application or completing it, it is recommended to contact a family member, friend, or social agency for assistance; if you do not have these resources available, you may contact the office for options

DO NOT SUBMIT A
PHOTOCOPY OF
YOUR APPLICATION
AND DO NOT
SUBMIT AN
APPLICATION BY
FAX — WE REQUIRE
ORIGINAL
SIGNATURES

ALL 24 PAGES
REQUIRED

CANNOT BE OLDER THAN 90 DAYS

## SPECIFIC APPLICATION TIPS:

☐ If you are or have a guardian or POA, a copy of this legal paperwork <u>must be</u> provided with the application when

		SPECIFIC APPLICATION TIPS:	
PAGE	SECTION	Nоте	TIP
2	Things You Should Know	All adults must sign & date	All adults must sign and date
3	Application – Contact Info.	Complete all sections	<ul> <li>Mailing Address – this is the only way we will contact you – make sure it is always up to date &amp; that you can reply within 1 week (to avoid being removed from the waiting list(s))</li> <li>Driver's License # or State ID # is required – we do not worry about expiration dates</li> </ul>
3	Application – Programs	Check the programs you are interested in	<ul> <li>If you are not sure, you may check all of the programs; you will be placed on the waiting list(s) for those you qualify for</li> <li>You can change this at any time; you can always turn down a program when it is offered to you</li> </ul>
4	Application – Family Composition	<ul> <li>List your name (HOH = head of household) and complete the requested information</li> <li>List all members of the household that will be living with you when you receive assistance</li> </ul>	<ul> <li>All information must be complete for all members of the household</li> <li>Children must have more than 50% placement with you when you receive housing assistance – you may need to provide proof when you are at the top of the waiting list (not required when turning in the application)</li> </ul>
4	Application – Question: Other Legal Names/SS#	Write in other names used (married, maiden, legal name change, etc.) and or SS#'s & who they were for	If None, you may write in "None"     Do NOT leave blank
5	Application – Places of Residence	<ul> <li>Read the directions, leave nothing blank</li> <li>3 years are required for all adults in the household with no gaps in history</li> <li>Page 24 can be used to continue this section if it is needed – mark the box telling us to look on that page – Print head of household's name at top and all adults sign &amp; date the form</li> </ul>	<ul> <li>Name(s): Indicate for whom the address applies</li> <li>Dates: Indicate at least month &amp; year from when you moved in and until you left for the address listed</li> <li>Addresses: Write in complete address; if you do not remember or don't know, you may write that in, but do not leave it blank; you can also write in a "?" for a part         <ul> <li>If you were homeless, write in "Homeless" for the street address and city &amp; state you were located must be listed</li> </ul> </li> <li>If you signed a lease at the address listed, write the name of the landlord and/or company AND circle Landlord (lot rent = trailer home parks/landlord)</li> </ul>

			If you lived with family/friend/ex, write in their name AND circle accordingly: family/friend/ex  If you owned the house, write in your name AND circle self  If you were at a shelter, in jail, in a medical facility/ treatment center, write the Agency/Company name AND circle accordingly  Write in complete address, including street number with
5	Application – Character References	<ul> <li>List 3 people and their contact information</li> </ul>	<ul> <li>street name, city, state, zip code, and phone number</li> <li>If you do not remember or don't know, you may write that in, but do not leave it blank; you can also write in a "?" for a part</li> </ul>
6	Application – Statement of Income / Asset Information (This pages continues)	<ul> <li>Wages</li> <li>Unemployment</li> <li>Workman's Comp</li> <li>Child or Spousal Support</li> <li>W-2 / Public Aid</li> <li>Social Security Benefits</li> </ul>	<ul> <li>Mark all sources of income in the household</li> <li>Indicate the family member who receives that income</li> <li>Complete the amounts as indicated</li> <li>Complete each sub-section as indicated</li> <li>If you do not remember or don't know, you may write that in, but do not leave it blank</li> <li>Read each section &amp; sub-sections carefully</li> </ul>
7	Application – Statement of Income / Asset Information	<ul> <li>Self-Employment</li> <li>Other – Pensions, etc.</li> <li>Other – Family &amp; Friends</li> <li>Financial Aid</li> <li>Food Share / Food Stamps</li> <li>No Income</li> </ul>	<ul> <li>Mark all sources of income in the household</li> <li>Indicate the family member who receives that income</li> <li>Complete the amounts as indicated</li> <li>Complete each sub-section as indicated</li> <li>If you do not remember or don't know, you may write that in, but do not leave it blank</li> <li>Read each section &amp; sub-sections carefully</li> </ul>
8	Application - Questions	<ul> <li>3 Separate Questions:</li> <li>Bank Accounts / Assets</li> <li>Assets</li> <li>Vehicle Information</li> </ul>	<ul> <li>If you do not remember or don't know, you may write that in, but do not leave it blank</li> <li>If you have none, you may write-in "None"</li> <li>Complete all requested information as indicated</li> </ul>
9	Application - Questions	Separate Questions:     Personal Property     Real Estate Owned     Previous housing assistance     Fraud or paybacks to other housing assistance programs     Monies owed to Housing Authorities	<ul> <li>The questions are for all adults in the household</li> <li>Some questions require additional information to be supplied</li> <li>Complete all requested information as indicated</li> <li>If you do not remember or don't know, you may write that in, but do not leave it blank</li> <li>If you have none, you may write-in "None"</li> </ul>
10	Application - Questions	<ul> <li>4 Separate Questions:</li> <li>Arrests or Charges</li> <li>Convictions</li> <li>Additional Info Attached</li> <li>Lived in Other States</li> </ul>	<ul> <li>The questions are for all adults in the household</li> <li>Some questions require additional information to be supplied</li> <li>Complete all requested information as indicated</li> <li>If you do not remember or don't know, you may write that in, but do not leave it blank</li> <li>If you have none, you may write-in "None"</li> </ul>
11	Application - Required	REQUIRED:  • Minority Status	<ul> <li>Must circle a number that best describes the head of household</li> <li>Hispanic / Non-Hispanic – indicate which one; this is optional / not required</li> </ul>
11	Application – For Handicapped or Disabled Persons	Read and answer the questions as indicated	If you answer "yes" to any part of question #2, explain the modifications needed to the rental unit     Medical diagnosis is not needed
12	Application – Applicant Certification	All adults must sign and date this page	This certifies that your answers are true
13	Release of Information	<ul> <li>All adults must Sign, &amp; Print their Name,</li> <li>&amp; Date it</li> </ul>	This release provides us your consent to process the application
14	Utility Verification Form	<ul> <li>Complete the entire top portion only</li> <li>All adults must Print their Name, Sign, &amp; Date it</li> </ul>	This release provides us your consent to see if any accounts are in your name and to verify if any monies are owed for utilities      CONTINUED NEXT PAGE

		T	It is recommended that we was affected by
15 16 17	Landlord Reference Form	Complete the entire top portion only     Sign and date it	<ul> <li>It is recommended that you pay off any balances on any bills owed; outstanding balances may affect your eligibility for some of our programs</li> <li>We will only use this if we need to – it will depend upon which program(s) you qualify</li> <li>It is required to be completed by all adults</li> <li>If you do not know something, you may write that n</li> <li>Complete each form for each address in which you signed a lease</li> <li>If rented from the same landlord, but more than one address, each address needs a different form completed</li> <li>We will not send forms to family, friends, or exes</li> <li>We will refer to page 5 for these forms</li> <li>Do not give this form to any landlord as we will send it out when and if we need to do so</li> </ul>
18 & 19	Preference Certification	<ul> <li>Read the form and mark and complete accordingly</li> <li>If you are not homeless, check "No Applicable Preference"</li> <li>If you are homeless and if you are not submitting Third Party Verification when submitting the application, check "No Applicable Preference"</li> <li>If you are homeless for any of the reason(s) indicated, mark the section that applies</li> <li>Page 18 – All adults need to read, sign, and date form</li> <li>All adult names need to be printed</li> </ul>	<ul> <li>If you are homeless, and can provide Third Party Supporting Documentation (a letter from a social agency, homeless shelter, recent police reports, letter from the Health Department – on an agency letterhead), we may be able to award a preference to your family and move you closer to the top of the waiting list</li> <li>If your circumstances change while you are on the waiting list, you will need to let us know what that change is (i.e. you become homeless or are no longer homeless/sign a lease)</li> <li>Verification of Homelessness can be submitted at any time after we receive your application; if you are not submitting it with the application, check "No Applicable Preference" along with marking the appropriate sections for homelessness</li> </ul>
20	Applicant/Tenant Certification & Federal Privacy Act Statement	All adults must read, sign, and date the form	All adults must read, sign and date the form
21 22	Lead Based Paint	All adults must read, sign, and date the form on the back (page 21)	<ul> <li>All adults must read, sign, and date the form</li> <li>This must be completed regardless of whether there are minors in the household or not</li> </ul>
23	Supplement to Application	Read the Instructions at the top of the page  The first three (3) blocks must be completed with the Head of Household's complete information  If you choose to have an additional contact person, all information must be completed  If you choose not to have an additional contact, mark the box indicating this  All adults must sign and date the form	<ul> <li>We can contact someone that you direct us to contact (not on the application), but only for the reasons you mark or specify under 'other'; this would generally be for the purpose of assisting you in those matters</li> <li>Their complete information must be provided</li> <li>If this is a guardian or power of attorney, you must also include a copy of the court papers indicating this</li> <li>This form can be updated at any time</li> <li>You can have up to 7 contacts, but a form must be completed for each contact</li> <li>All adults must sign this form &amp; date it</li> </ul>
24	Places of Residence Continued	<ul> <li>Print name of the head of household at the top</li> <li>Complete the information as indicated</li> <li>All adults must sign and date this form</li> </ul>	<ul> <li>Use only if you need to continue places of residence for 3 years; you do <u>not</u> need to rewrite what you put on page 5</li> <li>Refer to the Notes and Tips for Page 5 / Application – Places of Residence</li> </ul>

## **ADDITIONAL NOTES**

If you wish to write any additional statements, please ensure your printed name, <u>signature</u>, and date are on these. If you are homeless or will be homeless shortly, please see the section labeled Preference Certification, starting on page 3 of this Tip Sheet, referring to pages 18 & 19 of the Application.

Future updates and changes to the application can only be submitted in writing because we require your signature.

We will only contact you in writing and at the address you provided on Page 3 and make take several months. You will have one (1) week to respond to our correspondence in order to remain on the waiting list(s). Do note that forwarding



	times can exceed the 1 week we give you to respond. Also note that using a social agency's address may only be allowed by that agency for a short time frame, such as 30 days, and then they will reject the mail after that time. It should also be noted that mail has been rejected by friends and/or family as well. Failure to respond and rejected mail could result in your name being removed from all waiting lists. General Delivery is a free temporary option through the post office, but mail should be checked regularly-at least 1 or 2 times a week. A rented post office box may be an alternate option for you. If you currently live in a place where your rent is based on your income, you may not move on our waiting list(s) If you are NOT elderly, handicapped, disabled, and/or have dependents, you may not move on our waiting list(s) If you are claiming a disability or a handicap, but are not receiving a disability payment/income, we will require doctor's verification at a later date before you can receive assistance; this verification is on our form and must be handled Third Party which will be done at some point while you are on the waiting list
	APPLICANT WAITING LIST GUIDELINES
	<ul> <li>When your application is turned in to the office, it will be reviewed for completeness</li> <li>If it is determined that your application is <u>incomplete</u>, the application will be returned to you at the mailing address provided on Page 3 so you may complete the application</li> <li>If it is determined that your application is <u>complete</u>, you will be placed on the waiting list for the program(s) you</li> </ul>
	choose and qualify for based on your household income and composition  We may determine at a later time that, as we continue to process your application, you may be ineligible for some or all of our programs and be removed from the waiting list  If this is the case, we will notify you in writing
	<ul> <li>You do have the right to appeal this decision, but must do so within 10 days of the date of the letter sent to you and in writing (the letter will have your directions on it)</li> </ul>
	<ul> <li>If you are denied for all of our programs, you may submit another application in 3 years</li> <li>Updates to the Application – any changes on the application (form may be attached or is also available upon request)</li> <li>Updates must be submitted in writing because we require your signature – i.e. address, income, members of the household, arrests, charges, convictions, etc.</li> <li>These will not be taken over the phone</li> </ul>
_	<ul> <li>To ADD someone to your household, that person would need to complete their own application and request to be added to your household</li> </ul>
	<ul> <li>Contact from the Housing Authority</li> <li>Always done in writing by us and always sent to the mailing address provided on page 3</li> <li>Deadlines: you have one (1) week to respond to our attempts of contacting you if a deadline is not given</li> <li>Failure to respond results in your name being removed from the waiting list; you will need to re-apply by completing a new application</li> </ul>
	<ul> <li>You have the right to appeal this, but must do so immediately and in writing; there is no guarantee that you will return to the same position on the waiting list</li> </ul>
	The Waiting List is Public Information and anyone who inquires to find out if someone is on our waiting list and/or the person's status on the waiting list, we must give this information out in accordance with the law
	Your application is with the City of Eau Claire Housing Authority for units owned by the HACEC or for the HOME TBRA Voucher Program only; Western Dairyland now administers the Housing Choice Voucher / Section 8 Program in which a separate and different application is required; the Eau Claire County Housing Authority is a separate agency with a separate jurisdiction and a separate application also
	HOMELESSNESS – If you become homeless, we may be able to award a preference on our waiting list (move you closer to the top) if you are able to provide Third Party Supporting Documentation (on an agency letterhead: verification from a social worker, social agency, homeless shelter; recent police report; Health Department letter/inspection report, etc.)
	HELPFUL TIPS
	Read all correspondence in its entirety / If you do not understand something, ask questions You will need birth certificates and social security cards for all person's in the household – we will only ask for this <u>at</u> the time of your briefing (the appointment that you schedule AFTER you receive the letter notifying you about an upcoming availability); You will be required to provide your proof of income, bank statements, tax returns, and other relevant

HELPFUL TIPS
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time of your briefing (the appointment that you schedule AFTER you receive the letter notifying you about an upcoming
availability); You will be required to provide your proof of income, bank statements, tax returns, and other relevant
information – at your briefing & every year afterwards that you receive our assistance
If you owe any monies to utility companies (Xcel Energy, City water bills, etc.), set up payment arrangements and make
your payments (get receipts)
If you owe Landlords any monies, set up payment arrangements and make your payments (get receipts)
Monies owed for utilities or to landlords may result in a denial for assistance in some or all programs
Anything turned in to the Housing Authority office is date-stamped / It is recommended that anything reported to the
Housing office be done in writing and signed
You may check your status on the waiting list by contacting Patricia at 715-839-8409

These are general guidelines and tips only. Regulations may change our policies and procedures at any time making these invalid.